

**LAND DIVISION APPLICATION  
EMPIRE TOWNSHIP**

**1. APPLICANT/OWNERSHIP DETAIL**

**A. NAME:** \_\_\_\_\_

**B. MAILING ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**C. TELEPHONE:** \_\_\_\_\_

**D. CELL/FAX:** \_\_\_\_\_

**E. NAMES, ADDRESSES, AND OWNERSHIP INTEREST:** Provide the names, mailing addresses and type of ownership interest of all parties having an interest in the land to be divided. Use additional sheets as necessary. **ATTACH AS EXHIBIT 1 - OWNERSHIP INTEREST**

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**2. PROPERTY DETAIL**

**A. ADDRESS OF PROPERTY TO BE DIVIDED (if applicable)**

\_\_\_\_\_

**B. TAX ID NUMBER OF PROPERTY TO BE DIVIDED: 45-005-**\_\_\_\_\_

**C. LEGAL DESCRIPTION OF PROPERTY TO BE DIVIDED, INCLUDING EXISTING EASEMENTS, COVENANTS, AND ACREAGES. ATTACH AS EXHIBIT 2 - ORIGINAL PARCEL** (May be included on parcel map.)

**D. LEGAL DESCRIPTION OF PARCELS TO BE CREATED, INCLUDING ALL REMAINING PARCELS WITH ACREAGES. INCLUDE ALL EASEMENTS AND COVENANTS. ATTACH AS EXHIBIT 3 - PARCELS CREATED** (May be included on parcel map.)

**E. ATTACH TWO (2) COPIES OF TENTATIVE PARCEL MAP THAT INCLUDES** (refer to Ordinance for scale requirements):

- Date, north arrow, scale, and name of individual or firm responsible for completion of the parcel map.
- ALL parcels involved with division. Parent parcels or parent tracts MUST be identified.
- Proposed lot lines and their dimensions.
- Location and nature of proposed ingress and egress locations to any existing public or private roads.
- Location of any public or private road, driveway, lake or stream, access, or utility easements to be located within any proposed lot or parcel or to benefit the same.
- Any existing structures or other land improvements on the existing lot or parcel showing setbacks from property lines.
- Any existing buildings, public or private roads, and driveways within 100 feet of all proposed lots or parcels.
- Zoning designation of all proposed lots or parcels.
- Small-scale sketch of properties and roads within ¼ mile of the subject site.
- Proposed method of storm drainage, if applicable.

**3. ADDITIONAL INFORMATION** Use separate sheet of paper to answer questions A - H (i.e. 3A "Divisions will be used for residential purposes. No associations will be involved. Roads to be maintained by owners (see attached road maintenance agreement). No open space." In some cases, "not applicable" or "none" will apply.

**A. PURPOSE OF LAND DIVISIONS** Describe purpose/intent of divisions. How are the parcels to be used? Will they become part of an association or other entity? Will the parcels be served by private roads? If so, who will maintain the roads? Will there be common open space or other similar features? If so, who will maintain? (If a private road is to be constructed, you should include a copy of a proposed maintenance agreement detailing how, and by whom, said road will be maintained.)

**B. PARENT PARCEL/PARENT TRACT DIVISIONS** Provide a graphic map or written description of any previous land divisions from the parent parcel including the size, number, and date of such divisions.

**C. ROAD MAINTENANCE AGREEMENT, EASEMENTS, AND COVENANTS** If the project involves easements, restrictive covenants, or other such attachments to the land, provide copies of the instruments describing and granting the same. **All easements must include language for the installation and maintenance of public and private utilities.**

**D. ALLOCATION OF DIVISIONS** All lawfully existing parcels as of March 31, 1997 have divisions available to them. Please state where unused divisions will be placed i.e. "No other divisions will be transferred and should be retained by the parent parcel" or, "One division will be transferred to parcel B and one division will be retained by the parent parcel C."

**E. LEELANAU COUNTY HEALTH DEPARTMENT REQUIREMENTS** Provide Health Department approval. In addition, divisions resulting in parcels of less than one (1) acre in size **MUST** demonstrate areas sufficient for both initial and reserve drain fields prior to issuance of a permit. If you have questions, contact the County Health Department.

**F. LEELANAU COUNTY ROAD COMMISSION** Include with the application, the County Road Commission's approved Land Division Review form.

**G. RE-DIVISIONS** If you are applying for re-divisions, you must include a deed or recorded survey showing the 10-year period has elapsed.

**H. APPLICATION FEE** \$300.00 plus \$75.00 for each additional parcel.

#### **4. APPLICANT CERTIFICATION**

By the signature attached hereto, the applicant certifies that the information included with this application is, to the best of his/her knowledge, true and accurate. The applicant also understands and acknowledges that the Township, the Township staff, and professional consultants retained by the Township to review and approve this request make no expressed or implied warranty as to the marketability of the property subject to the request. Furthermore, approval of this request does not warrant that prior land divisions associated with the subject property have been made consistent with local, state, and federal law, nor is any guarantee being made or implied concerning any rights to future land divisions.

Lastly, approval of this request does not imply the buildability of any parcels created nor does it in any way assure that a land use permit, building permit, or health department permit for well or septic will be issued.

BY \_\_\_\_\_ DATE \_\_\_\_\_

This completed application with the required information and fee is to be submitted to the Township Zoning Administrator.

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**FOR TOWNSHIP USE ONLY**

**ZONING ADMINISTRATOR:**

- A. DATE APPLICATION SUBMITTED: \_\_\_\_\_
- B. FEE PAID \$ \_\_\_\_\_ CHECK NUMBER \_\_\_\_\_
- C. COMMENTS: \_\_\_\_\_  
*Attach additional sheets if necessary.*
- D. APPLICATION COMPLIES WITH ZONING ORDINANCE REQUIREMENTS? \_\_\_ YES \_\_\_ NO
- E. \_\_\_\_\_  
Timothy Cypher, Township Zoning Administrator Date
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**ASSESSOR:**

- A. APPLICATION APPROVED? \_\_\_ YES \_\_\_ NO
- B. \_\_\_\_\_  
Pamela Zientek, Township Assessor Date
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